

Early Mental Health Initiative

Request for Application EMHI-2007 Information Meeting
Sponsored by the California Department of Mental Health

REGISTRATION FORM

County:	School District/COE/Organization:		
School Site(s):		Number Attending:	
Names:		Telephone Number:	
		FAX Number:	

Check Appropriate Box:

DATE	LOCATION	TIME
<input type="checkbox"/> March 12	Holiday Inn Capitol Plaza 300 J Street, Sacramento, California, 95814 Tel: 916-446-0100 See http://www.holidayinnsacramento.com/index.cfm	10:00 to 3:00
<input type="checkbox"/> March 19	Holiday Inn Orange County Airport 2726 South Grand Ave. Santa Ana, California 92705 Tel: 714-481-6300 See http://www.hi-oca.com/	9:00 to 1:00

☐ Please mail me a copy of the Request for Application

Name:	
Mailing Address:	
City	Zip Code:

THERE IS NO REGISTRATION FEE

Return by fax OR mail to:

James Queirola
Department of Mental Health – Early Mental Health Initiative
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Phone: (916) 653-7988
FAX: (916) 654-2739